

FILED  
May 24, 2001 8:00 am  
Secretary of State

04-19-2001 90312 039 \*\*\*\*61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000785

1. Entity Name

SOUTHWIND OWNERS ASSOCIATION AT FORT MYERS, INC.

Principal Place of Business

Mailing Address

1833 HENDRY STREET  
FORT MYERS FL 33901

1833 HENDRY STREET  
FORT MYERS FL 33901

47106



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-100603

Applied For

Not Applicable

Zip

Country

Zip

Country

8. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRAVINA, PETER J  
1833 HENDRY STREET  
FORT MYERS FL 33901

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registrant agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  Delete  
NAME MURRAY, RICK D  
STREET ADDRESS 15 CHOCTAW CIRCLE  
CITY-ST-ZIP CHANHASSEN MN 55317

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD  Delete  
NAME WILLIAMS, DAVID A  
STREET ADDRESS 1535 BAVARIAN SHORES DRIVE  
CITY-ST-ZIP CHASKA MN 55318

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD  Delete  
NAME MUNSTERTEIGER, RALPH  
STREET ADDRESS POST OFFICE BOX 7249  
CITY-ST-ZIP FORT MYERS FL 33919

TITLE  Change  Addition  
NAME A1 Baier  
STREET ADDRESS 4135 Trillium Lane E.  
CITY-ST-ZIP Mound, MN 55314

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/01 952-934-6238

CRE037 (10/00)